Amendments to the Claims:

Please cancel claims 1-88 without prejudice and amend claims 89, 90 and 93 as set forth below.

Please add new claims 94-110 presented below.

This listing of claims will replace all prior versions, and listings, of the claims in the present application:

Listing of Claims:

Claims 1-88 (Cancelled)

89. (Currently Amended) A method of stimulating innate immunity in a subject comprising administering to the subject a therapeutically effective amount of a peptide as set forth in [[in]] SEQ ID NO:1-4, 11, 18, 25, 32, 39, 46, 53 or 54, thereby stimulating an immune response.

90. (Currently Amended) The method of claim 89, wherein the innate immunity is evidenced by ~~monocyte~~ host immune cell activation, proliferation, differentiation or MAP kinase pathway activation.

91. (Original) The method of claim 90, wherein the MAP kinases are MEK and/or ERK.

92. (Original) The method of claim 89, further comprising administering GM-CSF to the subject.

93. (Currently Amended) A method of stimulating innate immunity in a subject having or at risk of having an infection comprising administering to the subject ~~a sub-optimal concentration of~~ an antibiotic in combination with a peptide as set forth in SEQ ID NO:1-4, 7, 11, 18, 25, 32, 39, 46, 53 or 54.

94. (New) The method of claim 89, wherein the peptide contains at least one amino acid that is a D-enantiomer.

95. (New) The method of claim 89, wherein the peptide is cyclic.

96. (New) The method of claim 89 wherein the peptide sequence is reversed.

97. (New) The method of claim 89, further comprising administering an antibiotic to the subject.

98. (New) The method of claim 97, wherein the antibiotic is selected from aminoglycosides, penicillins, cephalosporins, cerbacephems, cephamycins, chloramphenicols, glycylcyclines, licosamides, aminocyclitols, cationic antimicrobial peptides, lipopeptides, poymyxins, streptogramins, oxazoladinones, lincosamides, fluoroquinolones, carbapenems, tetracyclines, macrolides, beta-lactams carbapenems, monobactams, quinolones, tetracyclines, or glycopeptides.

99. (New) The method of claim 93, wherein the peptide has anti-inflammatory activity.

100. (New) The method of claim 93, wherein the peptide has anti-sepsis activity.

101. (New) The method of claim 93, wherein the peptide contains at least one amino acid that is a D-enantiomer.

102. (New) The method of claim 93, wherein the peptide is cyclic.

103. (New) The method of claim 93, wherein the peptide sequence is reversed.

104. (New) The method of claim 93, wherein the antibiotic is selected from aminoglycosides, penicillins, cephalosporins, cerbacephems, cephamycins, chloramphenicols, glycylcyclines, licosamides, aminocyclitols, cationic antimicrobial peptides, lipopeptides, poymyxins, streptogramins, oxazoladinones, lincosamides, fluoroquinolones, carbapenems, tetracyclines, macrolides, beta-lactams carbapenems, monobactams, quinolones, tetracyclines, or glycopeptides.

105. (New) A method of stimulating innate immunity in a subject having or at risk of having an infection comprising administering to the subject GM-CSF in combination with a peptide as set forth in SEQ ID NO:1-4, 7, 11, 18, 25, 32, 39, 46, 53 or 54.

106. (New) The method of claim 105, wherein the peptide has anti-inflammatory activity.

107. (New) The method of claim 105, wherein the peptide has anti-sepsis activity.

108. (New) The method of claim 105, wherein the peptide contains at least one amino acid that is a D-enantiomer.

109. (New) The method of claim 105, wherein the peptide is cyclic.

110. (New) The method of claim 105, wherein the peptide sequence is reversed.